

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

California White House Conference is Held

The opening meeting of the California White House Conference on Child Health and Protection was held in San Francisco at the call of Hon. James Rolph, Jr., Governor of California, on November 11 and 12. The first session was a dinner meeting held at the Palace Hotel. Miss Lucy Stebbins, Dean of Women, University of California, Berkeley, presided. Addresses were made by Dr. Giles S. Porter, Director of the State Department of Public Health; Mrs. Rheba C. Splivalo, Director of the State Department of Social Welfare; Mr. Vierling Kersey, Director of the State Department of Education; Dr. Robert E. Swain, Acting President of Stanford University; Mr. Edward G. Rainey, State Superintendent of Banks, and Mr. Jefferson E. Peyser, Supervisor, representing Mayor Angelo Rossi of San Francisco. President Robert G. Sproul of the University of California, Chairman of the Conference, and Mr. Leland W. Cutler, Chairman of the Governor's Advisory Committee, were unable to attend.

President Herbert Hoover left Stanford University for Washington that night and the following telegram was received from him:

"I send cordial greetings to the California White House Conference on Child Health and Protection. It has been a chief interest of my administration to organize the White House Conference on this subject so near to the hearts of all our people and so vital to the future of our nation. The thousands of devoted men and women who have given their time and knowledge to this work deserve the grateful appreciation of the whole country. Many state conferences have been held carrying to every part of the nation a fresh inspiration in this high service

and the further extension of newly organized knowledge for the benefit of childhood. Your conference in California will be one of the most important of all these and I wish you Godspeed in your unselfish and invaluable labors."

Two hundred representative individuals attended the opening session and there was marked enthusiasm over the prospect of conducting a two-year program throughout the State in the interest of child health and protection.

On the following day, November 12, both morning and afternoon sessions were held in the Civic Auditorium. Dr. Herbert R. Stolz, Chairman of the Institute for Child Study at the University of California, presided in the absence of President Robert G. Sproul of the University of California. The morning session opened with an address, "The Value of State-wide Organization" by Dr. R. E. Swain, Acting President of Stanford University. Dr. Tully C. Knoles, President of the College of the Pacific at Stockton, talked upon the subject of "Community Responsibility." Dr. Giles S. Porter, Director of the State Department of Public Health and Chairman of Governor Rolph's personal representatives, discussed "The Health Workers' Field in the Conference." "What the Social Worker Can Contribute" was the subject of an address by Mrs. Rheba Crawford Splivalo, Director of the State Department of Social Welfare, and Mr. Vierling Kersey, Director of the State Department of Education, talked upon the subject "What the Educator Can Contribute." The plan of organization of the Conference was outlined by Mr. N. P. Neilson,

Superintendent of Physical Education in the State Department of Education. At the end of the morning session, Dr. Wm. P. Shepard, Secretary of the Western Branch of the American Public Health Association, summarized the morning's discussion. Group meetings were held in the afternoon. The Governor's White House Conference Committee and the County Executive Committee members met in Polk Hall. Dr. Robert E. Swain presided at this session and Mr. N. P. Neilson led the discussion. Section meetings were held as follows:

Medical Service—Dr. William Palmer Lucas, Chairman.

Public Health Service and Administration—Dr. John J. Sippy, Chairman.

Education and Training—Dr. Edna W. Bailey, Chairman.

Social Welfare—Mrs. T. E. Shucking, Chairman.

At three o'clock, the individuals in attendance assembled in a general meeting at which plans of work were presented by the section chairmen. Under the general State plan, the conference will be carried to the people in every community of the State. The organization, as developed by the State Executive Committee, calls for this accomplishment. District conferences will be held in Los Angeles, Fresno, Oakland and Sacramento. A county conference will be held in each county of the State and one or more conferences will be held in each community of the State. The community conferences, in fact, constitute the key conferences. Local conditions influencing child welfare will be evaluated against the standards and criteria which were established in President Hoover's original White House Conference. It is desired that members of each community of the State shall be informed upon child welfare and that their interest in a forward-looking program shall be developed. It will require at least two years for the complete program to be worked out.

After the community conferences have been held, county conferences will be called for the purpose of gathering recommendations and reports of accomplishments in the various communities. After the county conferences, district conferences will be held for the purpose of gathering together and summarizing the results that may have been achieved in the various counties. Finally, another State conference will be held at which a new program of child health and protection for California will be developed. Following is an outline of the four sections into which the conference is divided, together with the principal committees that will work under each section:

Section 1. Medical Service:

- Growth and Development
- Prenatal and Maternal Care
- Medical Care

Section 2. Public Health Service and Administration:

- Public Health Organization
- Communicable Disease Control
- Milk Production and Control

Section 3. Education and Training:

- The Family and Parent Education
- The Infant and Preschool Child
- The School Child
- Vocational Guidance
- Child Labor
- Recreation
- Physical Education
- Special Classes
- Youth Outside of Home and School

Section 4. Social Welfare:

- Community Organization for Social Welfare
- Physically Handicapped
- Mentally Handicapped
- Dependency and Neglect
- Delinquency and Probation
- Foster Homes and Adoption
- Institutional Relations
- Family Guidance and Cooperation

INSPECTIONS OF HIGHWAY EATING PLACES

The following inspections of highway eating places were made in northern California during September:

Mendocino County: Food supply—Inspected 49; conditions satisfactory 19; minor defects 19; insanitary conditions 11.

Service stations—Inspected 21; conditions satisfactory 15; minor defects 4; insanitary conditions 2.

Humboldt County: Food supply—Inspected 95; conditions satisfactory 47; minor defects 37; insanitary conditions 11.

Service stations—Inspected 48; conditions satisfactory 37; minor defects 6; insanitary conditions 5.

Del Norte County: Food supply—Inspected 40; conditions satisfactory 16; minor defects 19; insanitary conditions 5.

Service stations—Inspected 6; conditions satisfactory 3; minor defects 2; insanitary conditions 1.

Solano County: Food supply—Reinspected 15; conditions satisfactory. Improvements made 11; improvements under way 4.

THE HEALTH OF THE AVIATOR*

By MAJOR L. E. J. BROWNE, March Field, Riverside

Along with the great development of aviation during and since the World War there has been developed a specialized branch of medicine known as Aviation Medicine. The specialist in this branch is known in the military services as a flight surgeon. In addition to a good knowledge and interest in general medicine and surgery the flight surgeon must be especially trained in ophthalmology, psychiatry, otology, and altitude physiology. All of these are necessary in the selection of the military flier and also in the selection of the transport pilot in commercial aviation who is entrusted with the lives of the passengers that he is required to carry.

Prior to the World War little attention was paid to the special requirements of a physical nature regarding aviators. During and since that period we have learned that the physical selection of the flier and the care of the flier are of paramount importance. It was learned from our allies that 90 per cent of aviation casualties were due to the pilot, 8 per cent to his aircraft, and 2 per cent to the enemy. With the coming of the Flight Surgeon, who instituted more careful selection and proper medical supervision of fliers, the 90 per cent pilot failure was reduced one-half within a year, and the second year showed a percentage of 12 under war conditions.

The primary interest of the flight surgeons of the army today is in selection of men for flying training who are physically and mentally fitted for the duties of military aviators. The aviator performs his missions in an environment entirely new to mankind. He moves through space at a tremendous speed, and in moving, controls the position of his craft in three dimensions simultaneously. Furthermore, he must constantly make rather quick decisions, and these decisions must be made accurately and correctly. So it is necessary that the military pilot and also the commercial transport pilot shall possess the very highest physical and mental qualifications in order to be fitted for the very great responsibility that must be put upon him.

The flight surgeon bears the same relationship to aviation as does the specialist in preventive medicine to mankind in general, in that both are concerned with the prevention of disability and the maintenance of physical efficiency. After the flier has been selected and properly trained then it is of paramount importance to keep him in fit condition to fly.

All flying personnel, both military and civilian, are required to be examined twice each year. Much can be learned by these physical examinations but the flight surgeon should know his personnel so well that he is familiar with the physical condition of each one at all times. This we are able to do in the military service by constant association with the fliers, by flying with them under all conditions, and by mingling with them socially.

There is probably no disease that is peculiar to the flier, but there are certain diseases that occur so frequently as to merit being considered occupational. The aviator operates in an element that is unnatural to man. His work requires constant attention. His engine may fail at any time when he is over dangerous or difficult terrain. The danger of fire is always present. He may at any time run into fog, rain, or snow, obscuring landmarks, and unless he is qualified in blind flying may have to take to his parachute and jump or remain in his plane and probably be killed. He is subject to frequent and rapid changes in temperature and air pressure, causing deficient oxygenation of the blood at high altitudes with impairment of the nervous system and organs of elimination, and congestion in nose, throat, sinuses, and ears. Emergencies in the air come quickly. The pilot has little time to think, and if he is to avoid disaster he must have good judgment, skill, and experience. The judgment of the pilot who is physically below par will be defective, therefore he must be kept in good physical condition. The physical conditions incident to flying can not be avoided, but much can be avoided, and much can be done to prevent their ill effects on the flying personnel.

In our work of caring for the flier we attempt to prevent the ills to which fliers are especially liable or failing in this, to detect them in their incipency and while they are remediable. We accomplish this by frequent physical examinations, by correcting pathological conditions that we find on these examinations, by seeing that the flier is properly equipped and clothed for the work that he has to do, and by advising him as to his rest, habits, diet, and exercise.

Bodily health brings its own reward—the thrill of vigor, the light step, the enjoyment of endurance, the readiness for adventure; but it also brings the higher happiness of a clear head, with an appetite for good intellectual fare; it means some capacity for enjoying the good things of life—the sunshine, the open air, the country, the birds and flowers; it also means some surplus energy to spare for one's friends.—J. Arthur Thompson.

* Read at annual meeting of California Health Officers, San Diego. September 27, 1932.

LIST OF DISEASES REPORTABLE BY LAW

ANTHRAX	OPHTHALMIA NEONATORUM
BERI-BERI	PARATYPHOID FEVER
BOTULISM	PELLAGRA
CHICKENPOX	PLAGUE
CHOLERA, ASIATIC	PNEUMONIA (Lobar)
COCCIDIOIDAL GRANULOMA	PSITTACOSIS
DENGUE	RABIES (Animal)
DIPHTHERIA	RABIES (Human)
DYSENTERY (Amoebic)	RELAPSING FEVER
DYSENTERY (Bacillary)	ROCKY MOUNTAIN
ENCEPHALITIS (Epidemic)	SPOTTED (or Tick) FEVER
ERYSIPELAS	SCARLET FEVER
FLUKES	SEPTIC SORE THROAT
FOOD POISONING	SMALLPOX
GERMAN MEASLES	SYPHILIS*
GLANDERS	TETANUS
GONOCOCCUS INFECTION*	TRACHOMA
HOOKWORM	TRICHINOSIS
INFLUENZA	TUBERCULOSIS
JAUNDICE (Infectious)	TULAREMIA
LEPROSY	TYPHOID FEVER
MALARIA	TYPHUS FEVER
MEASLES	UNDULANT (Malta) FEVER
MENINGITIS (Meningococcic)	WHOOPING COUGH
MENINGITIS (Cerebrospinal)	YELLOW FEVER
MUMPS	

QUARANTINABLE DISEASES

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

* Reported by office number. Name and address not required.

In all periods, science has been advanced by individuals, never by the spirit of the age. The spirit of the age condemned Socrates to hemlock and burned Huss.—Vaungenargues.

MORBIDITY***Diphtheria.**

111 cases of diphtheria have been reported, as follows: Contra Costa County 1, Brawley 1, Los Angeles County 6, Alhambra 2, Burbank 6, Compton 1, Long Beach 1, Los Angeles 52, Pasadena 2, San Fernando 1, Lynwood 1, Salinas 1, Tustin 1, Lincoln 1, Riverside 1, San Bernardino County 3, Ontario 2, San Diego County 2, San Diego 4, San Francisco 4, San Joaquin County 1, San Luis Obispo County 1, San Luis Obispo 3, San Mateo County 4, Burlingame 1, Menlo Park 3, Sonoma County 2, Modesto 2, Yuba City 1.

Influenza.

478 cases of influenza have been reported. Those communities reporting 10 or more cases are as follows:

* From reports received on November 14th and 15th for week ending November 12th.

Los Angeles County 14, Los Angeles 210, Pasadena 16, San Fernando 22, Placentia 14, San Bernardino County 19, Santa Clara County 13, San Jose 36.

Measles.

40 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 17.

Scarlet Fever.

130 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 17, Los Angeles 35.

Whooping Cough.

178 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Oakland 23, Los Angeles County 16, Los Angeles 26, San Francisco 18, San Joaquin County 11.

Smallpox

No cases of smallpox have been reported.

Typhoid Fever.

3 cases of typhoid fever have been reported, as follows: Imperial County 1, Brawley 1, San Diego 1.

Meningitis (Epidemic).

2 cases of epidemic meningitis have been reported, as follows: Los Angeles 1, San Francisco 1.

Poliomyelitis.

6 cases of poliomyelitis have been reported, as follows: Los Angeles County 1, Los Angeles 2, Pasadena 1, San Joaquin County 1, Palo Alto 1.

Trichinosis.

5 cases of trichinosis from San Francisco have been reported.

Undulant Fever.

2 cases of undulant fever have been reported, as follows: Los Angeles 1, Plumas County 1.

Septic Sore Throat.

3 cases of septic sore throat have been reported, as follows: Oakland 1, Monterey County 1, Laguna Beach 1.

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